PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. a valid OMB control number.

•	Attorney Docket Number	MTB32US				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Kia Silverbrook				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
X Declaration	Filing Date					
Submitted OR Submitted after Initia	Group Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name					
As a below named Inventor, I hereby declare that: My residence, post office address, and citizenship are as so I believe I am the original, first and sole inventor (if only one names are listed below) of the subject matter which is claim	e name is listed below) or an original,					

names are listed below) of	the subject matter wh	ich is	<u>claimed and for which a pa</u>	<u>itent is sought or</u>	<u>i the invention e</u>	ntitled:			
THERMAL' TO HEATE		THE	AD WITH LOW RE	SISTANCE	CONNEC	TION			
the specification of which is attached hereto OR	-	(Title	e of the Invention)						
_ ***	was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number		and wa	as amended on (MM/DD/Y	m)		(if applicable).			
I hereby state that I have re amended by any amendme				tified specificatio	n, including the	claims, as			
I acknowledge the duty to d	, ,			defined in 37 CF	R 1.56.				
certificate, or 365(a) of any	PCI international apr								
or of any PCT international a	ve also identified belo	w. by	checking the box, any fore e before that of the applica	ign application fo	or patent or inve- ority is claimed.	ntor's certificate.			
Prior Foreign Application Number(s)	ve also identified belo	w. by	checking the box, any fore	eign application for ation on which pri	or patent or inve- ority is claimed.	ntor's certificate,			
or of any PCT international a	ve also identified belo pplication having a filin	w. by	checking the box, any fore e before that of the applica Foreign Filing Date	eign application for ation on which pri	or patent or inve ority is claimed.	ntor's certificate,			
or of any PCT international a Prior Foreign Application Number(s)	ive also identified belo ipplication having a filin Country	w, by ong date	checking the Box, any fore e before that of the applica Foreign Filing Date (MM/DD/YYYY)	ign application for title on on which priority Priority Not Claimed	cr patent or inve	opy Attached? NO			
or of any PCT international a	ive also identified belo ipplication having a filin Country	w, by date	checking the Box, any fore a before that of the applica Foreign Filing Date (MM/DD/YYYY) supplemental priority data	ign application for tition on which privation on which private Not Claimed	creatent or invectority is claimed. Certified Control YES	opy Attached? NO			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	-	+
---	----------	---

PTO/SB/01 (12-97)

us sign (+) inside this box

+ Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby daim United States United States of information whand the national	of Americ or PCT In ich is ma	ca, listed belov ternational app terial to paten	w and, ins plication in tability as	ofar as the ma defined	the sub inner pro in 37 C	oject matte ovided by t CFR 1.56 v	r of ea ne first	sch of the	ne claims o aph of 35 U	f this ap .S.C. 11:	plication i 2, I ackno	is not disclosed wiedge the dut	d in the prior by to disclose	
U.S. Parent Application or PCT Parent						Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)					
Number														
												/02B attached		
As a named inventor, I hereby appoint the following registered practition and Trademark Office connected therewith: Customer Number OR				nber) to prosecute this application and to the				Place Customer Number Bar Code				
				Registe		ctitioner(s)	name	/registra	ition numbe	r listed b	elow L	/ I abel here Registration		
	Nam	e		<u> </u>		nber		ļ	•	ame		Number		
Additional	registered	d practitioner(s) named o	on supp	lementa	l Registere	d Prac	titioner l	Information	sheet P	TO/SB/02	C attached her	eto.	
Direct all correspondence to: X Customer Number or Bar Code Label 24011 OR Correspondence address to							iress below							
Name	Kia S	Silverbrook	(
Address	Silve	rbrook Re	search	Pty L	_td									
Address	393	Darling Street												
City	Balm	ain					s	tate	NSW	ZII	204	11		
Country	Austi	tralia Telephone 61-2				2-9818-6633 Fax 61-2-9555-7				2-9555-77	62			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:						A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				4_	Family Name or Surname									
KIA				<u> </u>	SILVERBROOK									
Inventor's Signature		lus								January 28, 2004				
Residence: City Balmain			State	NSW		Country Australia Citizenship Aust				Australian				
Post Office Address 393 Darling Street														
Post Office A	ddress													
City		Balmain State NSW ZIP				1	2041 Country Australia			а				
Additional	invento	rs are being	named o	on the	su	pplement	al Ad	ditional	Inventor(s) shee	t(s) PTO	/SB/02A atta	ched heret	